

IN THE MATTER OF
RICHARD S. CHANG, M.D.
Respondent
License Number: D74662

* **BEFORE THE**
MARYLAND STATE
BOARD OF PHYSICIANS
* **Case Number: 2225-0196 B**

* * * * *

CONSENT ORDER

On October 16, 2025, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged **RICHARD S. CHANG, M.D.** (“the Respondent”), License Number D74662, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occupations (“Health Occ.”) §§ 14-101 *et seq.* (2021 Repl. Vol. & 2024 Supp.). The Respondent was charged under the following provision of the Act:

Health Occ. § 14-404. License denial, suspension, or revocation.

(a) *In general.* – Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

...

(21) Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch of the uniformed services or the Veterans’ Administration for an act that would be grounds for disciplinary action under this section[.]

With respect to Health Occ. § 14-404(a)(21), the Respondent committed acts that would be grounds for discipline under Health Occ. § 14-404(a):

(3) Is guilty of:

...

(ii) Unprofessional conduct in the practice of medicine[.]

One form of unprofessional conduct in the practice of medicine is providing self-treatment or treatment to family members. The American Medical Association has addressed this in a series of ethics opinions:

Opinion 8.19 (2012) - Self-Treatment or Treatment of Immediate Family Members

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

Opinion 1.2.1 (2016) - Treating Self or Family

When the patient is an immediate family member, the physician's personal feelings may unduly influence his or her professional medical judgment. Or the physician

may fail to probe sensitive areas when taking the medical history or to perform intimate parts of the physical examination. Physicians may feel obligated to provide care for family members despite feeling uncomfortable doing so. They may also be inclined to treat problems that are beyond their expertise or training.

Similarly, patients may feel uncomfortable receiving care from a family member. A patient may be reluctant to disclose sensitive information or undergo an intimate examination when the physician is an immediate family member. This discomfort may particularly be the case when the patient is a minor child, who may not feel free to refuse care from a parent.

In general, physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances:

- (a) In emergency settings or isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available.
- (b) For short-term, minor problems.

When treating self or family members, physicians have a further responsibility to:

- (c) Document treatment or care provided and convey relevant information to the patient's primary care physician.
- (d) Recognize that if tensions develop in the professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.
- (e) Avoiding providing sensitive or intimate care especially for a minor patient who is uncomfortable being treated by a family member.
- (f) Recognize that family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician.

On December 17, 2025, Panel B was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on the negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

FINDINGS OF FACT

Disciplinary Panel B finds:

I. BACKGROUND

1. At all relevant times, the Respondent was and is licensed to practice medicine in the State of Maryland. The Board initially issued the Respondent a license to practice medicine in Maryland on July 20, 2012, under license number D74662. His license is scheduled to expire on September 30, 2026, subject to renewal.

2. The Respondent also currently holds active licenses to practice medicine in the following states: Florida, Georgia, Michigan, New York, Ohio, Pennsylvania, and Tennessee.

3. The Respondent is board-certified in radiology with a subspecialty certification in diagnostic radiology.

II. PRIOR BOARD HISTORY

September 2023 Consent Order

4. The Board initiated an investigation of the Respondent under case number 2222-0148B in June 2022 after it received a complaint from a senior office at a national healthcare company (the “Company”),¹ which alleged that a portion of the Respondent’s March 7, 2022 telehealth Zoom session was recorded and showed an unknown individual (“Individual 1”) opening and reviewing clinical records and making notes in the case that were later stamped with the Respondent’s name. Based on its own investigation, the Company had evidence that the Respondent: (a) may have inappropriately delegated his clinical reviews to an unknown third-party

¹ To ensure confidentiality and privacy, the names of companies, individuals, or facilities referenced herein will not be disclosed in this document. The Respondent may obtain this information from the Administrative Prosecutor.

outside of the Company; (b) disclosed confidential patient-identifying information to the third party; and (c) may not have accurately recorded his actions in the Company's records.

5. The Board's subsequent investigation revealed that Individual 1 was the Respondent's friend who lived in the Philippines and was studying to be a nurse. She did not work for the Company. The Respondent paid Individual 1 to help him increase his productivity. He discussed cases with her and asked her to look through patient records for him.

6. On or about September 20, 2023, the Respondent entered into a Consent Order in which the Board found as a matter of fact that the Respondent inappropriately delegated clinical review of protected patient medical records to a friend and instead falsely documented that he performed the review; thereby breaching patient confidentiality and making false medical records. The Board concluded as matter of law that the Respondent was guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii); willfully made or filed a false report in the practice of medicine, in violation of Health Occ. § 14-404(a)(11); practiced medicine with an unauthorized person or aided an unauthorized person in the practice of medicine, in violation of Health Occ. § 14-404(a)(18); and, except for the licensure process described under Subtitle 3A of this title, violated any provision of this title, any rule or regulation adopted by the Board, or any State or federal law pertaining to the practice of medicine, in violation of Health Occ. § 14-404(a)(43). Concerning Health Occ. § 14-404(a)(43), the State and federal laws and regulations that the Respondent violated were the following: 42 U.S.C. § 1320d-6(a)(3); Health Gen. § 4-302(a)(1), (2); Health Occ. § 1-1004(b); and COMAR 10.32.05.04A. Pursuant to this Consent Order, the Respondent was reprimanded, placed on probation for a minimum of 18 months, ordered to take and successfully complete courses in ethics and medical

documentation/recordkeeping within six months, and ordered to pay a civil fine of \$10,000.00 within one year.

III. THE BOARD'S INVESTIGATION

7. By email dated May 19, 2025, the Federation of State Medical Boards (“FSMB”)² notified the Board that the Respondent’s California medical license was revoked on or about April 15, 2025.

8. Board staff obtained the Default Decision and Order (the “CA Decision”) regarding the Respondent, dated April 15, 2025, from the Medical Board of California (the “CA Board”). Pursuant to its investigation, Board staff also obtained the CA Board’s investigative file from the CA Board.

9. In the CA Decision, the CA Board made the following findings of fact:

- a. On six occasions between June 3, 2019 and August 31, 2023, the Respondent self-prescribed controlled dangerous substances (“CDS”), including Schedule II and Schedule IV drugs;³
- b. Between June 3, 2019 and August 31, 2023, the Respondent prescribed CDS to four different individuals. These CDS prescriptions included Schedule II and Schedule IV drugs;
- c. The Respondent failed to maintain medical records relating to the CDS prescriptions for himself and the four individuals.

10. The CA Board ordered the revocation of the Respondent’s medical license on April 15, 2025. The CA Decision became effective on April 28, 2025.

² The FSMB is a national non-profit organization that represents the 71 state medical and osteopathic boards of the United States and its territories. The FSMB maintains data regarding disciplinary actions taken against physicians nationwide.

³ The U.S. Drug Enforcement Administration classifies CDS into five (5) categories or “schedules” based upon the drug’s acceptable medical use and its potential for abuse and/or dependency. Schedule I drugs have a high potential for abuse and/or dependency while Schedule V drugs have the lowest potential for abuse and/or dependence.

11. On or about July 24, 2025, the Respondent entered into an Agreed Order of Surrender before the Kentucky Board of Medical Licensure (the “KY Board”), under case number 2223.

12. The Respondent stipulated to the facts outlined in the Agreed Order of Surrender, which included but were not limited to the following:

- a. The Respondent “self-prescribed controlled substances on six occasions and prescribed controlled substances to other individuals on nine occasions[;]”
- b. The Respondent “failed to maintain adequate and accurate records relating to the provision of medical services to four individuals for whom he wrote prescriptions for controlled substances[;]”
- c. The Respondent “prescribed controlled substances to himself and to four individuals without appropriate prior examinations and/or medical indications[;]”
- d. The Respondent “did not report the revocation of his California license” to the KY Board within 10 days as required by Kentucky law.

13. Through the Agreed Order of Surrender, the Respondent agreed to surrender, in lieu of revocation, his license to practice medicine in Kentucky for an indefinite period of time, effective July 24, 2025.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Disciplinary Panel B concludes as a matter of law that the Respondent, as described above, was disciplined by a licensing authority or disciplinary authority . . . for an act that would be grounds for disciplinary action under Health Occ. § 14-404(a), in violation of Health Occ. § 14-404(a)(21); *to wit*, for unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii).

ORDER

It is, on the affirmative vote of a majority of the quorum of Disciplinary Panel B, hereby:

ORDERED that the Respondent is **REPRIMANDED**; and it is further

ORDERED that the Respondent is placed on **PROBATION**⁴ for a minimum of **ONE (1)**

YEAR. During probation, the Respondent shall comply with the following terms and conditions of probation:

(1) The Respondent shall enroll in the Maryland Professional Rehabilitation Program (MPRP) as follows:

- (a) Within 5 business days, the Respondent shall contact MPRP to schedule an initial evaluation to determine whether enrollment is appropriate;
- (b) If, after an evaluation, MPRP determines that enrollment is appropriate, the Respondent shall enter into a Participant Rehabilitation Agreement and Participant Rehabilitation Plan with MPRP within 15 business days of being informed by MPRP;
- (c) the Respondent shall fully and timely cooperate and comply with all MPRP's referrals, rules, and requirements, including, but not limited to, the terms and conditions of the Participant Rehabilitation Agreement(s) and Participant Rehabilitation Plan(s) entered with MPRP, and shall fully participate and comply with all therapy, treatment, evaluations, and screenings as directed by MPRP;
- (d) the Respondent shall sign and update the written release/consent forms requested by the Board and MPRP, including release/consent forms to authorize MPRP to make verbal and written disclosures to the Board and to authorize the Board to disclose relevant information from MPRP records and files in a public order. The Respondent shall not withdraw his release/consent;
- (e) the Respondent shall also sign any written release/consent forms to authorize MPRP to exchange with (i.e., disclose to and receive from) outside entities (including all of the Respondent's current therapists and treatment providers) verbal and written information concerning the Respondent and to ensure that MPRP is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol evaluation and treatment records. The Respondent shall not withdraw his release/consent;

⁴ If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

(f) if, upon the authorization of MPRP, the Respondent transfers to a rehabilitation program in another state, the Respondent's failure to comply with any term or condition of that state's rehabilitation program, constitutes a violation of this Consent Order. The Respondent shall also sign any out-of-state written release/consent forms to authorize the Board to exchange with (i.e., disclose to and receive from) the out-of-state program verbal and written information concerning the Respondent, and to ensure that the Board is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol evaluation and treatment records. The Respondent shall not withdraw the release/consent;

(g) the Respondent's failure to comply with any of the above terms or conditions including terms or conditions of the Participant Rehabilitation Agreement(s) or Participant Rehabilitation Plan(s) constitutes a violation of this Consent Order;

(2) Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete a course in prescribing. The following terms apply:

(a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;

(b) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;

(c) the course may not be used to fulfill the continuing medical education credits required for license renewal;

(d) the Respondent is responsible for the cost of the course;

(3) Within **ONE (1) YEAR**, the Respondent shall pay a civil fine of **TEN THOUSAND DOLLARS (\$10,000)**. The payment shall be by certified check or money order made payable to the Maryland Board of Physicians, P.O. Box 37217, Baltimore, MD 21297. The Board will not renew or reinstate the Respondent's license if the Respondent fails to pay the fine; and it is further

ORDERED that the Respondent shall not apply for early termination of probation; and it is further

ORDERED that, after the Respondent has complied with all terms and conditions of probation, the Respondent may submit a written petition for termination of probation. After consideration of the petition, the Respondent's probation may be terminated through an order of the disciplinary panel. The Respondent may be required to appear before the disciplinary panel to discuss his petition for termination. The disciplinary panel may grant the petition to terminate the probation through an order of the disciplinary panel if the Respondent has complied with all probationary terms and conditions and there are no pending complaints relating to the charges; and it is further; and it is further

ORDERED that a violation of probation constitutes a violation of the Consent Order; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to

one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED that this Consent Order shall not be amended or modified and future requests for modification will not be considered; and it is further,

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

ORDERED that this Consent Order is a public document. *See* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

Signature On File

01/09/2026

Date

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

CONSENT

I, Richard Chang, M.D., acknowledge that I have consulted with counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 et seq. concerning the pending Charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

1/7/2026
Date

Signature On File

Richard Chang, M.D.



NOTARY

STATE OF _____

CITY/COUNTY OF _____

I HEREBY CERTIFY that on this _____ day of _____ 2025, before me, a Notary Public of the foregoing State and City/County, Richard Chang, M.D. personally appeared and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSTH my hand and notarial seal.

See attached
Notary Public

My commission expires: _____

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

See Attached Document (Notary to cross out lines 1–6 below)
 See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)

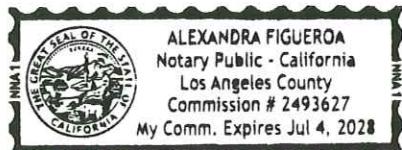
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(Handwritten signature of Document Signer No. 1)

(Handwritten signature of Document Signer No. 2, if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Place Notary Seal and/or Stamp Above

Subscribed and sworn to (or affirmed) before me

on this 7 day of January, 2024,
by Richard Chang
(1) Richard Chang(and (2) _____),
Name(s) of Signer(s)proved to me on the basis of satisfactory evidence to
be the person(s) who appeared before me.

Signature

Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.

Description of Attached DocumentTitle or Type of Document: Consent LetterDocument Date: 1/7/2024 Number of Pages: 2

Signer(s) Other Than Named Above: _____